

# ONLINE REGISTRATION FORM

Please print and fill out completely. Submit this form **in person** at the Gahanna Department of Parks & Recreation, 200 S. Hamilton Rd. to register for classes online for one full year.

**Proof of residency is required if resident discounts are to apply.** Date of birth is required for all youth and adults listed. It is important to include your e-mail address on this form. Once your online account has been activated, you will be able to view class information, process registration enrollments, make secure credit card payments and view class enrollment counts.

Contact the Department of Parks & Recreation at 342-4250 with questions or for more information.

Head of Household:	Last Name	First Name	SPOUSE:	Last Name	First Name
Date of Birth (DOB)		Gender (M/F)	Date of Birth (DOB)		Gender (M/F)
Street Address			City	State	Zip
Home Phone	Work Phone	Cell Phone	E-mail		
Additional Household Member		DOB	M/F	<div><b>Office Use Only</b> R ____ NR ____ NRW ____  Date ____ Processed ____  Assigned ____ Linked ____  Updated by: ____</div>	
Additional Household Member		DOB	M/F		
Additional Household Member		DOB	M/F		
Additional Household Member		DOB	M/F		

***\*This form must be submitted in person to the Department of Parks & Recreation with proof of residency in order to receive the resident rate. Any form submitted without proof of residency will be charged the Non-resident rate and no refunds will be issued.***

***\*\*All members of the Household over 18 years of age must sign the form to be enrolled.***

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity.

I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

Date	Signature- Head of Household	Printed Name
Date	Signature- Spouse	Printed Name
Date	Signature- Additional Household Member	Printed Name